

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90464 001 ***300.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

0004700

DOCUMENT # P93000069962			
1. Entity Name PINAR FARMS, INC.			
Principal Place of Business 10587 NW TERR MIAMI, FL 33172		Mailing Address 10587 NW TERR MIAMI, FL 33172	
2. Principal Place of Business 10587 NW 7 TERR		3. Mailing Address 10587 NW 7 TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33172		Country USA	
4. FEI Number 65-0479642		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ACOSTA, LUIS A 10387 NW TERR MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10587 NW 7 TERR City MIAMI FL Zip Code 33172	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> D.A.S. DATE 4-1-03 (NOTE: Registered Agent's signature required when registering)			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S ACOSTA, JUSTO L 12687 NW TERR MIAMI, FL 33125		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P ACOSTA, LUIS A 12687 NW TERR MIAMI, FL 33125		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ACOSTA, JUSTO J 636 NW 23RD COURT MIAMI, FL 33125		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> D.A.S.		Date 4-1-03 305-267-8899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2034 (10/02)